

Montana Communicable Disease Weekly Update: 02/12/10



DISEASE INFORMATION

Summary – Week 5 – Ending 02/06/10 – Disease reports received at DPHHS during the reporting period January 30 – February 6, 2010 included the following:

- Vaccine Preventable Diseases: Pertussis (1), Varicella (1)
- Enteric Diseases: Cryptosporidiosis (1), Salmonellosis (1)
- Other Conditions: Enteroviral Meningitis (1)
- Travel Related Conditions: None

NOTE: The report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

THE “BUZZ”

Influenza

During week 5 (02/6/10), influenza activity stayed at the same level with no states reporting widespread activity; 6 states, regional; PR and 11 states, local activity; DC, Guam, and 28 states, sporadic activity; 4 states, no activity; and USVI and 1 state did not report. There are mixed signals from other indicators: flu and pneumonia deaths dropped below baseline, though doctor visits for flulike illnesses were above baselines in three regions. (<http://www.cdc.gov/flu/weekly/>)

UPDATE! Activity in Montana – Activity in Montana was lowered to the **NO ACTIVITY** level. None of the 155 specimens PCR tested for influenza since January 10, 2010 have been positive. In addition, there have been several specimens that were rapid influenza detection test positive, but did not confirm by PCR. Rapid tests are less specific when the incidence of influenza is low. *If providers want accurate information about influenza status on a patient, it is recommended that specimens be sent to the Montana Public Health Laboratory for PCR testing.* Current information on influenza testing by the Montana Public Health Laboratory can be found at <http://www.dphhs.mt.gov/PHSD/Lab/envirom-lab-index.shtml>.

REPORTING - As the 2009-2010 influenza season progresses, we would like to remind public health officials of the importance of detecting changes in influenza activity across the country.

- **Testing**, including sub-typing of influenza A viruses (i.e, PCR to state) to detect both pandemic and seasonal influenza strains, should continue for all ***hospitalized and severely ill patients***, including patients aged >65 years.
- Timely ***reporting of all pediatric deaths*** associated with laboratory-confirmed influenza remains essential to detecting changes in severity of disease among children.
- ***Continued reporting of ILI cases through ILINet (sentinel providers)*** will be important to tracking peak influenza activity.
- Health-care providers should continue ***reporting to local or state health departments any particularly severe or unusual influenza cases*** or cases among specific vulnerable groups, such as pregnant women, immunocompromised persons, and health-care workers.
- ***Institutional closings or clusters of influenza*** infections in prisons, schools, colleges, and long-term care facilities should also be reported through state and local health departments.
- Any adverse reactions to antiviral medications or to influenza vaccines should continue to be reported via the Vaccine Adverse Event Reporting System.

Changes in the geographic spread, type, and severity of circulating influenza viruses will continue to be monitored with updates reported weekly in the online national influenza surveillance summary, FluView.

People who have not been vaccinated should still continue to get vaccinated!

Diarrheal Disease and Food Recalls

Multistate Outbreak of Human *Salmonella* Montevideo Infections - The CDC and public health officials in many states are currently investigating a multistate outbreak of *Salmonella* serotype Montevideo. As of January 25, 2010, a total of 189 individuals infected with a matching strain (DNA fingerprint) of *Salmonella* Montevideo have been reported from 40 states since July 1, 2009. Preliminary studies involving ill persons from this outbreak have suggested contaminated salami as the source of illness. As a result, this outbreak has prompted the recall of 1,240,000 pounds ready-to-eat Italian sausage varieties by Daniele International Inc. The product has been distributed in Montana. No *Salmonella* cases related to this outbreak have been identified in MT as of January, 29th, 2010. However, cases have been identified in Washington (14), Oregon (8), Idaho (2), Wyoming (2), North Dakota (1), and South Dakota (3), as well as many other western states. For additional information about this outbreak and recall, follow:
<http://www.cdc.gov/salmonella/montevideo/map.html> / (
[http://www.fsis.usda.gov/News & Events/Recall_006_2010_Expanded/index.asp](http://www.fsis.usda.gov/News_Events/Recall_006_2010_Expanded/index.asp))

INFORMATION / ANNOUNCEMENTS

NEW! Mumps Outbreak – New York - The largest U.S. mumps outbreak since 2006 began at a summer camp in New York in June 2009 when a camper who acquired the disease in England came down with symptoms while at camp. As of January 29, 2010, a total of 1,521 cases had been reported, with onset dates from June 28, 2009, through January 29, 2010. The outbreak has remained confined primarily to the tradition-observant Jewish community in new York, with <3% of cases occurring among persons outside the community. The largest percentage of cases (61%) has occurred among persons aged 7--18 years, and 76% of the patients are male. Among the patients for whom vaccination status was reported, 88% had received at least 1 dose of mumps-containing vaccine, and 75% had received 2 doses. Suspect cases of mumps should be evaluated using the current case definition which includes specific information about recommended laboratory testing (http://www.cdc.gov/ncphi/diss/nndss/casedef/mumps_2008.htm). It is also important to remember that parotitis may be caused by a number of other pathogens, so laboratory testing is necessary to confirm the diagnosis of mumps. Information about mumps and mumps vaccination: <http://www.cdc.gov/vaccines/vpd-vac/mumps/default.htm> .

NEW! Erythromycin Ophthalmic Ointment – Updated information on the current availability of erythromycin ophthalmic ointment can be found at <http://www.cdc.gov/std/treatment/2006/erythromycinOintmentShortage.htm> or <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm>.

End of Year Surveillance Activities - IMPORTANT!

Communicable Disease Reporting 2009 Reconciliation – CDEpi has begun the process of reconciling 2009 data. Watch for line lists sent via ePASS from Elton Mosher. Please review these line lists to ensure that disease cases that we have match those that are in your records. *Goal is to have this activity completed by March 1, 2010!* Thanks for your assistance!

STD Case Record Reconciliation — Please send in or FAX all remaining 2009 reportable STD case records (chlamydia, gonorrhea, syphilis) to the STD Program. The deadline for sending the case records was February 15, 2010. If you have questions regarding the case records, please contact Cara Murolo at 444-2678 or cmurolo@mt.gov. The STD case records can be FAXed, 800-616-7460, or sent to: DPHHS STD Program, Cogswell Building, Room C-211, Helena, MT 59620

PHEP ACTIVITIES

NEW! 24/7 Test Calls – CDEpi will be conducting testing of local health jurisdiction 24/7 notification systems during February. This testing is to ensure that anyone that calls the local health jurisdiction 24/7 number will get a response within 30 minutes. Please make sure that your 24/7 number contact (e.g., sheriff's dispatch, hospital ER) knows how to get in contact with a designated health department contact via a call down list of cell phones and/or land lines. 24/7 numbers should be phones that are staffed 24/7 and it is preferred that this be a sheriff's dispatch, hospital ER or answering service, *not* a cell phone. Any changes to the local health jurisdiction's 24/7 number should be noted on the quarterly PHEP report (page 2).

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year. Please call 406.444.0273 if you need immediate communicable disease epidemiology assistance. The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.

Influenza activity continues to decline in the state. As of February 13, 2010, 761 laboratory confirmed influenza cases had been reported from 40 counties since August 30, 2009. No cases have been reported to the Montana Department of Health and Human Services (MTDPPHS) since January 16, 2010.

Of the 2792 specimens submitted to the Montana Public Health Laboratory, 761 have been confirmed as 2009 H1N1 influenza cases. Not every influenza case is subtyped.

Of those cases that were subtyped, all but 2031 were identified as 2009 H1N1. ?? Of the 10685 reports of confirmed or suspected H1N1 cases, 181 were hospitalized. Seventeen influenza-related deaths have been reported in Montana. 41% were female. Median age of those hospitalized was 42 (range 1 month – 88 years). 62% had underlying health conditions.

<http://www.cdc.gov/vaccines/vpd-vac/varicella/outbreaks/manual.htm>

Strategies for the Control and Investigation of Varicella Outbreaks 2008

On this page:

- [Summary](#)
- [Introduction](#)
- [Background](#)
- [Reporting](#)
- [Case Definition and Classifications](#)
- [Laboratory Diagnosis of Varicella](#)
- [Definitions](#)
- [Recommendations](#)
- [Vaccine](#)
- [Conclusions](#)
- [References](#)
- [Appendices](#)

The Indian Health Service (IHS) National Sexually Transmitted Disease (STD) Program has just released its new *Indian Health Surveillance Report – Sexually Transmitted Diseases 2007*. The report presents statistics and trends for STDs among American Indians and Alaska Natives (AI/AN) in the United States. This report is the product of collaboration between the Centers for Disease Control and Prevention (CDC) and the Indian Health Service that provides a national profile as well as STD rates and trends for the 12 IHS administrative areas.

The report is currently available electronically at: http://www.cdc.gov/STD/stats/IHS/IHS-SurvRpt_Web508Nov2009.pdf and will soon be available in hardcopy. Information regarding the distribution of hardcopy materials will soon follow.

RSV increasing – Glacier and Lincoln Counties reporting increases

Outbreak of *Mycoplasma pneumonia* in nursing home in eastern Montana